The treatment of advanced castration-resistant prostate cancer (CRPC) remains critically important despite recent treatment advances with docetaxel, cabazitaxel, abiraterone, and enzalutamide. While these newer treatments are incrementally improving survival most men with metastatic CRPC (mCRPC) succumb to their disease, which is highly heterogeneous. Despite this, clinical trials in mCRPC remain focused on population-based approaches without molecular stratification. There is an unmet need for developing personalised treatments in this disease based on molecular drivers that offer durable clinical benefit.

Poly (ADP-ribose) polymerase (PARP) inhibitors potentially offer the first opportunity for molecular stratified treatment in prostate cancer (PC) patients with underlying defects in DNA repair. The PARP protein is implicated in multiple aspects of DNA repair, and the PARP inhibitor, olaparib, results in significant and durable anti-tumour activity in homologous recombination (HR) defective tumours arising in germline BRCA1/2 mutation carriers including patients with PC. Recent sequencing data indicates that 25% of patients with CRPC have germline and/or somatic loss of function in key DNA repair genes including BRCA1, BRCA2, PALB2, ATM, CHEK2, and FANCJ etc. that are likely to confer susceptibility to PARP inhibition via synthetic lethality.

We explored in an investigator-led phase II trial recently published in the New England Journal of Medicine the efficacy of olaparib in sporadic mCRPC with underlying DNA repair defects. In Part A of TOPARP (Trial of PARP Inhibition in Prostate Cancer) we enrolled 50 patients with mCRPC who had previously failed multiple lines of therapy including docetaxel, cabazitaxel, abiraterone, and enzalutamide. Patients received 400 mg of olaparib twice daily until radiological progression, clinical progression, or unacceptable toxicity. Patients received 400 mg of olaparib twice daily until radiological progression, clinical progression, or unacceptable toxicity. Patients were mandated to have paired fresh tumour biopsies, circulating tumour cell (CTC) and circulating tumour DNA collections for analyses of germline and somatic DNA repair defects. The primary end point of the trial was novel and included response rate based on either RECIST response, a decline in PSA levels of ≥50%, or a confirmed decline in the CTC count from ≥5 cells per 7.5 ml of blood to <5 cells per 7.5 ml. Notably, fresh tumour biopsies were obtained from all patients.

Next-generation sequencing revealed deletions and mutations in multiple DNA-repair genes including BRCA1, BRCA2, ATM, CHEK2, etc. Sixteen out of 49 patients with underlying DNA repair defects exhibited an 88% response rate to olaparib. Radiological-progression-free survival was 9.8 months versus 2.7 months; P < 0.001 and overall survival was 13.8 months versus 7.5 months; P = 0.05 in favour of the biomarker-positive group. The sensitivity and specificity of detection a DNA-repair alteration using the DNA repair panel was 88% and 94% respectively. Critically, we have shown 25–30% of all men with sporadic mCRPC have underlying defects in DNA repair, undertaking tumour biopsies and genomic studies for molecular stratification is feasible and that these patients benefit from a personalised therapy with a PARP inhibitor.

A Phase III registration olaparib study will commence in 2016. Additional efforts to pre-screen patients for these underlying DNA repair defects in also currently underway as part of a PCFA Grant.

**HOT TOPIC**

**Molecular stratification of prostate cancer and targeting DNA repair defects.**

**SHAHNEEN SANDHU**

Medical Oncologist, John Mills Young Investigator (PCFA)
ASM 2016 Convenor’s report

The organising committee has been working hard and the program for the 2016 ANZUP ASM is now finalised and will provide world-class, cutting edge presentations from an outstanding national and international faculty. The confirmed international faculty include Dr Dean Bajorin (Medical Oncologist, Memorial Sloan Kettering Cancer Center, New York, USA), Dr Freddie Hamdy (Urologist and PI of the PROTECT Trial, Oxford, UK), Dr Piet Ost (Radiation Oncologist, Ghent, Belgium) and Dr John Oliffe (Professor of Nursing, University of British Columbia, Canada).

Presentations will include the latest updates on highly relevant and controversial topics including oligometastatic cancer, immuno-therapeutics and the role of radiotherapy as a vaccine, biomarkers and genomics in GU cancers and a session dedicated to the very important issues of the younger GU patient, survivorship and quality of life.

Updates on current local ANZUP trials and the opportunity to bring forward and develop your new trial concepts in clinical and translational research (with expert advice from national and international faculty) will be available through the ANZUP in Action session and the Concept Development Workshop.

The MDT Masterclass will challenge our local and international multidisciplinary panel of experts and educate all with real-life clinical conundrums. The PCFA sponsored Nurses Breakfast will provide opportunity for Prostate Cancer Specialist Nurses from around the country to meet and network. A Community Engagement Forum “a little below the belt” will be open to the public on Sunday 10 July.

Registration and abstract submissions are now open. We encourage all submissions for abstracts and clinical trial concepts. We look forward to welcoming you to Brisbane for an exceptional educational event. For more information visit http://www.anzup.org.au/docs/20160412_ANZUP%202016%20Program%20Web.pdf.

IAN VELA
2016 ASM Convenor

THANKS TO OUR ASM SPONSORS

PLATINUM:

GOLD:

SILVER:

BRONZE:

TRAVEL FELLOWSHIPS:

MDT MASTERCLASS:
Welcome to this latest edition of the newsletter of the Australian & New Zealand Urogenital and Prostate Cancer Trials Group Ltd (ANZUP).

ANZUP barely took a breath over the Christmas / New Year break before diving in to yet another exciting and hectic year. Our core activities continue to be our clinical trials. We currently have active trials right across the spectrum of genitourinary cancers including some very substantial activity. The biggest and most ambitious trials we are running at the moment are ENZAMET (planned 1100 patients) and ENZARAD (planned 800 patients). Both trials are currently at about 50% and 20% of their accrual targets respectively and continuing to expand. We are about to open more sites for ENZARAD in Europe through EORTC, which is a first for ANZUP and a very exciting opportunity. ENZAMET is well on track and recruiting very well. Sometimes clinical trials can begin in good faith but the field can overtake them and the final results can be of dubious clinical relevance. It is very gratifying to find that not only do these two trials continue to remain relevant but rather that international interest continues to grow and the findings will be of major clinical importance.

You will read about our other trials activity in the subcommittee reports elsewhere in this newsletter, but we remain very active right across the board. We have trials in both non-muscle-invasive and advanced bladder cancer. The randomised phase 3 accelerated BEP trial in germ cell cancer is accruing and we will soon be able to submit to ethics documentation to begin the TIGER trial in high risk germ cell cancer. The Pain Free TRUS B trial for men undergoing prostate biopsy is also active. New trials are under development in all of the cancer types including some novel and exciting approaches. It is a great time to be working in genitourinary cancer research and even better when it is part of a vibrant research community like ANZUP with health and research professionals dedicated to making a real difference. You can find out more about our trials through the ANZUP website, or by using our ANZUP ClinTrials Refer app.

Continued over...
You will also read about a new initiative ANZUP has entered with the Prostate Cancer Foundation of Australia. This represents the culmination of a longstanding and very productive relationship between our organisations, and the beginning of a new era of even greater capability and outcomes. Both ANZUP and PCFA have long recognised that there is a gap in funding of clinical research generally in Australia and particularly in our joint area of interest of prostate cancer (although we have other interests as well!) This new initiative brings ANZUP and PCFA together to quarantine significant funds to support prostate cancer clinical trials through ANZUP, with joint fundraising and other initiatives. Together we will raise at least $1.5M over three years, which represents resources not previously available and now dedicated to this specific area of research. PCFA has locked in as a platinum sponsor of our ASM and ANZUP will host the PCFA annual Prostate Cancer Specialist Nursing conference at the ASM. We see this as a fantastic opportunity and a great model for how various organisations can work together. For more information about our partnership: http://www.anzup.org.au/docs/ANZUP%20and%20PCFA%20partnership.pdf

The Annual Scientific Meeting will be held in Brisbane on 10-12 July 2016. The program has come together brilliantly thanks to the efforts of our dedicated convening committee led by this years convenor Ian Vela, and we look forward to yet another fantastic meeting. Once again we will hold our regular events with the ASM: our Annual General Meeting, the Community Forum, the MDT Masterclass, the Consumer Advisory Panel workshop, a meeting of the Scientific Advisory Committee open to all ANZUP members, an evening symposium entitled “Getting the message out” and with John Oliffe and Dean Bajorin speaking, the PCFA sponsored nurses session Expanding our horizons: A nurses perspective and many other highlights. Early bird registration closes 9 May so I encourage you to register and attend.

We had several other very successful initiatives in 2015 and will continue to grow and enhance these in 2015 and beyond. The CDWs are a great vehicle for bringing people together, scanning the horizon for new opportunities, and brainstorming proposals with a view to developing fully-fledged ANZUP trials. The Concept Development Workshops for the four disease streams were still packed for each one and there were very positive outcomes, with several concepts being taken forward including at least two now with funding support. We will continue the CDWs into 2016 and we look forward to even more positive outcomes.

The ANZUP GU Preceptorship in Prostate Cancer was a highly acclaimed success in 2015 and we have just called for applications for this year. The Preceptorship is a very intense experience but provides a great insight into the key clinical trials that underpin our clinical practice. The participants and the preceptors interacted very productively in 2015 under the extraordinary leadership of the tireless Eva Segelov, who has run similar programs for other groups. After 2016 we plan to look at whether similar programs can be run in our other disease types.

All of these activities help bring us closer to meeting our mission objectives but there is always more work to be done. We are continually aiming to plough our resources back into strengthening ANZUP and facilitating clinical research in genitourinary cancers, but as we do we are continually reminded of the challenges in generating resources. At the same time we are continually amazed by the generosity of our members who contribute so much time and energy into making things work, and of course to our donors and corporate supporters who provide us with the resources to allow us to do more. We are never complacent and we never take this support for granted. ANZUP and all of its members are grateful beyond words for all that our supporters give us.

It’s a good moment then to remind you of the Below the Belt Pedalthon that will run again in September at Eastern Creek. This will be our third Pedalthon and we hope to see a continuation of its growth trend. The resources raised at the Pedalthon in 2015 were used to fund novel research proposals aimed at providing justification or preliminary data for future ANZUP clinical trials. Congratulations to our inaugural awardees: Ben Smith (e-TC project), Andrew Weickhardt (immune cells in chemoradioimmunotherapy of bladder cancer), and Carmel Pezaro (primary treatment resistance in prostate cancer). We hope to be able to continue and grow this program into the future. ANZUP also provides a range of other fundraising or donation opportunities as you will see on our website, including the Everyday Hero option of linking ANZUP as a beneficiary to fun runs or other activities. This makes a big difference to the type and
level of support we can provide to our researchers, as the 2015 outcomes clearly show. Thank you to all of you who support us in this way.

Cancer care and research can take many forms beyond the conventional image of drug-based interventions. Elsewhere in this newsletter you will find other snippets and gems that indicate the breadth and depth of our activities and the very high quality of what we do. You will see stories ranging from basic cancer biology through to supportive care. This is reflected in the outcomes of the Concept Development Workshops and in the ongoing agendas of each of the subcommittees and of the SAC. We are well positioned with a diverse range of activities, which also give us strong links to an equally diverse range of collaborating groups and individuals. It is this sort of collective effort that is required in order to make real improvements in these diseases.

ANZUP recognises the need to refresh itself regularly, and I am not just referring to personal hygiene! New people come in to the organisation and others move on to different roles. We are delighted to welcome Lindy Ostini as our 1000th member, and even more delighted that new members continue to come. We are very grateful for the contributions of two of our Scientific Advisory Board members, Paul Waring and Jarad Martin, who have now stepped down due to a range of other commitments. We welcome James Kench as a new pathology representative and we hope to bring in a new radiation oncologist very soon also. We have also seen some people depart from the Consumer Advisory Panel and other new ones come in. We are extraordinarily grateful to David Swallow and Max Shub as they move on from the CAP, and to our new members Alastair McKendrick, Jason Gray and Les Land. The CAP performs a critical function in linking ANZUP to the broader community, ensuring we are communicating effectively in both directions, and ensuring we are on the right strategic path from the community’s perspective. Thanks to all our members and especially our CAP chair Belinda Jago for your great work.

We have also had some movement within the ANZUP secretariat. We welcome Jade Lor-Chan as our new executive assistant. We also welcome Anne Woollett, known to many of us for a long time, as our clinical trials project manager. This new role has been developed as ANZUP moves to take on more formal sponsorship and leadership roles in several of its trials. Sadly we must also farewell two people who have made extraordinary contributions to ANZUP; mainly behind the scenes. Yi Feng has been with us for many years and has now moved on to an exciting new opportunity, for which we wish her well. Yi has been the quiet support that helped so many things happen on so many occasions. We also farewell Liz Thorp, who brought a whirlwind of energy and ideas and allowed us to bring to reality ideas and ongoing programs that most of us would never have dreamed possible. Liz is also moving on but both Yi and Liz have left ANZUP in a far better place than they found it and we will always be grateful.

As I close, thanks as always to the ANZUP Board; the secretariat (Anne, Jade and AJ); our inexhaustible CEO Marg McJannett; our committee chairs and deputy chairs and members; the SAC; the CAP, our volunteers Lesley Tinkler and Jo Stubbs; our colleagues and collaborators at NHMRC Clinical Trials Centre, the Centre of Centre for Biostatistics and Clinical Trials (BaCT) and elsewhere; our corporate supporters, sponsors and donors; and I had better mention my wife before the music comes up and I am ushered off stage. I cannot name all of you who contribute in so many ways but please be assured that we honour it and appreciate it. You all make a difference for our patients by what you do. I hope to be able to talk with many of you at the upcoming ASM.

Please enjoy this edition of UPdate.

IAN DAVIS
CHAIR.

Twitter

Did you know ANZUP is now tweeting to over 1000 followers?

Our community are sharing trial updates and news across Twitter. We’re always interested in retweeting your thoughts, stories and insights with the rest of our followers. At our ASM in July our #ANZUP15 thread made over 1.2 million impressions in 3 days. Follow @ANZUPtrials and start communicating with leading professionals today.
Line up to race in 2016

Riding for 4 hours to defeat 4 cancers

Over the past two years, more than 400 people have ridden in the Below the Belt Pedalthon to raise funds for ANZUP. They have donated more than $300,000 that has allowed ANZUP to hold face-to-face Concept Development Workshops in 2014 and 2015. $150,000 of the funds raised was allocated to the inaugural Below the Belt Research Fund.

The 2015 grants have been made

Eighteen ANZUP members applied for available grants of up to $50,000 each. Through the bike ride, grants have been allocated to three successful applicants and we look forward to seeing the outcomes of their great work.

The 2016 teams are lining up

We thank the kind people at Novartis and Astellas who as well as being great supporters of ANZUP through the year, are already lining up their teams to race in September.

This year we extend an invitation to all members and their families, friends and colleagues to join us. If you have cycling friends or are a cyclist yourself, join us for a great day’s racing. For more information head to the website www.belowthebelt.org.au or call us at ANZUP 02 9562 5033.

Cost

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Event details

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#BTBpedal16

www.belowthebelt.org.au
Meet John Oliffe

Dr John Oliffe is Professor at the School of Nursing at the University of British Columbia. He is the founder and lead investigator of UBC’s Men’s Health Research program and guest International Speaker at the 2016 ANZUP ASM.

What led you into your area of work?

Initially the loss my Grandfather to Prostate Cancer impacted me as an adolescent, and working as a Nurse in the emergency room over a couple decades raised some researchable questions for me round a variety of issues in men’s health.

How would you describe your life as an Australian working overseas?

I was drafted to the University of British Columbia, Vancouver on a 2 year contract when I was 3 chapters into my PhD. I am currently in my 14th year of that contract – testimony to the patience of UBC in providing me the time and opportunities to develop as an independent researcher! Very grateful for all the experiences afforded me in that journey.

What will be your key focus over the coming year?

My 2016 goals relate entirely to delivering on the current funding that we have. This includes the development, launch and evaluation of a British Columbia centric online prostate cancer support group for the many men that can’t make it to a face-to-face meeting. We are also headed to Ottawa in September to showcase our Movember funded work in men’s depression and suicide as the conduit to lobbying practice leads, policy makers and politicians for male suicide prevention programs.

How does prostate cancer affect men’s self-perception and masculinity?

For many men prostate cancer invokes some adjustments regards recognizing mortality amid working through morbidities that may threaten to erode valued embodiments including but not entirely limited to erectile function. Masculine ideals including autonomy and resilience can also serve men well in making the transitions that accompany prostate cancer and/or its treatment[s].

How can the latest mental health discoveries direct prostate cancer care?

We need to be cued to men often times presenting clinically (and socially) with irritability, aggression and substance overuse as potentially indicating male depression. That social isolation is one of the biggest risk factors for male suicide should also feature in our thoughtful evaluations of men who experience prostate cancer. Asking a man ‘how he is doing’ – can be a simple but highly effective elixir to invite men to talk openly about issues commonly internalized and ruminated on.

What are you most excited about sharing with us at the ASM?

I am delighted to have the opportunity to come ‘home’ to share some insights from our work in men’s health (www.menshealthresearch.ubc.ca) specifically round psychosocial prostate cancer care including community based health promotion services and strategies for advancing men’s mental health in the prostate cancer journey. Also really looking forward to meeting and hearing from others about their experiences and expertise.

On a personal note what’s something very few people in ANZUP would know about you?

I am a Denver Broncos fan in the NFL and follow Carlton in the AFL. I think this provides strong empirical evidence that I am resilient and loyal regardless of outcome!
How can we better design cancer recovery and support services for men diagnosed with prostate cancer?

ProSTATE cancer is prevalent among older men in Australia, largely owing to the high incidence and high survival rate. While the high survival rate is duly welcomed, it must be acknowledged that for many men prostate cancer is experienced as a chronic disease, with both psycho-social and physical morbidities prevalent. While a range of psycho-social interventions (e.g., support groups, counselling, stress management, lifestyle interventions) have been developed and evaluated to address these issues, poor uptake and adherence are commonly reported.

This is consistent with patterns of use seen for preventative health services among men, which tends to be prescribed to men’s lack of interest and willingness to participate. However, this notion stands in contrast to the growing body of evidence showing that men are interested in their health and that they do use health services (yet still have poorer health outcomes compared to their female counterparts).

Men with prostate cancer may be particularly interested in improving their health, with some recent studies suggesting that prostate cancer represents a ‘teachable moment’. For example, a recent study examining changes in lifestyle behaviours among men nine months post prostate cancer diagnosis found that over a third of those sampled who were inactive prior to diagnosis increased their participation in physical activity post-diagnosis. Given this, it stands to reason that a more plausible explanation for men’s low health service use, at least in part, is that the available services do not adequately meet the needs of men.

Recognising this, there have been recent calls for health services that consider men as men, that understand their need for patient-centred care, and that intervene in ways that recognise and capitalise on men’s preferences and strengths – while also acknowledging the diversity among men. This speaks to the need for more tailored intervention approaches.

Compared to standard one-size fits all approaches, tailored approaches are customised to suit the needs and characteristics of each individual targeted and in doing so are perceived as more personally relevant, result in higher uptake and engagement and ultimately greater intervention effects. While tailored approaches are often more resource intensive to develop and administer in terms of both time and money, the use of technology to automate the customisation process has made this approach a more viable option. For example, several websites and apps have now been developed that provide users with customised advice and real-time feedback based on data inputted by the user.

While few have been targeted at improving cancer survivorship outcomes, particularly so among men, there are several projects in this space currently underway. Key to their success will be the extent to which they target men in a culturally appropriate and patient-centred way.

Camille Short
Behavioural Scientist & NHMRC ECR Fellow
Scientific Advisory Committee (SAC)

The SAC is a great resource for ANZUP, embodying the multidisciplinary nature of our organisation and representing truly extraordinary expertise. The SAC integrates the activities of the subcommittees, advises ANZUP on the research and scientific directions in which we should move, and helps set priorities for our trials and other research endeavours. Discussions at the face to face meeting at the ASM on 12 July 2015 highlighted both the need for effective communication amongst SAC members regarding current and proposed activities, and also the risk of suboptimal use of the resource that is the SAC if its meetings are only about dissemination of information. This led to a great opportunity for most of the SAC members to meet face-to-face in Sydney on 25 November 2015 for a strategic planning workshop. The workshop helped to focus our thinking on how the SAC should work and continue to evolve in response to the needs of ANZUP and the research and wider communities. These outcomes are being incorporated into ANZUP’s overarching review of its Strategic Plan. A number of actions were listed and these are being worked through now. The SAC then met by teleconference on 2 March 2016 and the impact of the discussions at the strategic planning day were already evident in the way the agenda was structured and the nature of the discussions.

We recently farewelled Paul Waring (RCPA pathology representative, moving back to USA) and Jarad Martin (FROGG/RANZCA radiation oncology representative, working too hard!) and thank them for great contributions. The Board has appointed James Kench to replace Paul Waring as the RCPA nominee, and a replacement for Jarad is being sought; sometimes people literally have very large shoes to fill!

The next SAC teleconference will be in May and the following meeting on 10 July 2016 will be held at the ASM in Brisbane and will be open to all ANZUP members. This meeting is always interesting and lively and I encourage you to attend.

IAN DAVIS
Chair, Scientific Advisory Committee

Free ClinTrial Refer ANZUP App

The ClinTrial Refer ANZUP app provides a current list of clinical research trials conducted in cancer centres in Australia and New Zealand. Designed for oncologists, general practitioners, research unit staff and patients, ClinTrial Refer ANZUP has searchable clinical research trial details, hospital locations and contacts, and inclusion and exclusion criteria.

Available for download from
A dedicated ANZUP session at the 4th National Bladder & Kidney Cancer Symposium (BKCS) is a testament to the snowballing research activity and profile of our organization. This excellent meeting, with a truly superb international faculty was hosted by Dan Moon and Declan Murphy in Melbourne at the MCG in February. The meeting has a primarily surgical focus and the ANZUP session provided an opportunity to showcase the increasing portfolio of ANZUP trials and concepts. The meeting allowed invaluable discussion, idea exchange and troubleshooting between clinicians from across Australia and beyond, much of which affects ANZUP trials. Increasing urologist engagement in ANZ clinical trials is a key goal for our group in 2016 and I am confident interactions at BKCS should boost recruitment to and support for a number of our bladder cancer trials and concepts.

Trial Updates

RECRUITING TRIALS

BCGMM (recruitment 67)
Recruitment of the stage one has passed the halfway mark (hooray!), the spectre of BCG supply problems continues to fade and there are renewed hopes for some centres which have struggled to open thus far. Our biggest recruiting centre currently is the Northern Cancer Institute who we hope can continue to perform so strongly. The funding application for the stage 2 will be submitted for the next funding round. Clinicians with suggestions for translational studies should send through their concepts ASAP.

BL-12 (Recruitment 114 (Australia 12))
This trial compares Nanoparticle albumin-bound (NAB)-Paclitaxel vs. Paclitaxel as second line in metastatic urothelial cancer. The study which initially opened in Canada has recruited over 100 Canadian patients with a further 12 Australian patients recruited since April 2015. There are 17 sites open to recruitment in Australia.

FUNDED NOT YET RECRUITING

PCR-MIB
Pembrolizumab with ChemoRadiotherapy as treatment for Muscle Invasive Bladder Cancer.
This exciting and unique phase I trial which has received funding through Merck will look at the role of the PD-1 inhibitor pembrolizumab as an adjunct to chemo-radiotherapy as primary treatment for muscle invasive bladder cancer. It is on track to open at 5 sites across Australia over the coming year.

RAIDER-B
RAIDER-B an international multi-centre phase II study in muscle invasive bladder cancer examining adaptive radiotherapy techniques that has now opened in 9 UK sites and has 4 patients randomised. Funding in Australia is via Cancer Australia, and in New Zealand via the New Zealand Cancer Society. Currently 11 sites in Australia and New Zealand are completing credentialing and regulatory requirements to commence recruitment in first half of 2016.

Symptom / Q.O.L in NMIBC
Manish Patel and Claudia Rutherford in collaboration with Madeline King and others have secured Cancer Australia funding to develop NMIBC cancer specific and other bladder cancer Q.O.L tools with the potential to validate these in a number of ANZUP trials. This trial was formally agreed to be co-badged with ANZUP at the SAC meeting this month.

Dickon Hayne
Chair, Bladder Cancer Subcommittee

Save the Date!

ANZUP Bladder Concept Development Workshop
Tuesday August 16

Call for concepts coming soon!
Phase III RCT of accelerated BEP (plus translational sub study) - Now open at 29 sites and 24 patients recruited.

This randomised trial of chemotherapy with accelerated BEP versus standard BEP for patients with intermediate or poor-risk advanced germ cell tumours is supported by Cancer Council Australia and Cancer Australia, and is currently open at 29 ANZ sites. 24 patients have been recruited. We continue to work with collaborators to open the study in the UK and USA. Our translational substudy supported by Sydney Catalyst is active, with samples from 11 patients collected to date. Our trial coordinator Annie Yeung, Associate Oncology Program Manager Nicole Wong, and ANZUP research fellows Dr Nicola Lawrence and Dr Howard Chan continue to work actively on this important study. If you have any questions in relation to this study, then please email p3bep@ctc.usyd.edu.au.

Updates from studies in follow-up

Chemotherapy and Cognition: A/Prof Guy Toner presented an abstract on behalf of the study team at the 2016 Genitourinary Cancers Symposium, San Francisco, January 2016, for this study which prospectively monitored cognitive function in patients managed with and without chemotherapy for testicular cancer. The study found no significant adverse cognitive effects of chemotherapy at 12 months following treatment. These results are reassuring, but should be interpreted with caution given the limited sample size. Further abstracts and a manuscript are in preparation.

Phase II study of accelerated BEP for advanced germ cell tumours: Results of an updated 5-year analysis, (conducted by Dr Andrew Martin with the assistance of Dr Nicola Lawrence and the study team, have been submitted to the American Society of Clinical Oncology Annual Scientific Meeting, Chicago, June 2016. Study close-out has commenced.

Movember – TIGER and GAP5 Translational Research Project

Movember is generously supporting ANZUP’s participation in the TIGER study. This very important international randomised trial for refractory and relapsed germ cell tumours, of high-dose chemotherapy with Ti-CE versus conventional dose chemotherapy with TIP, is led by Alliance. ANZUP are working with the CTC and Alliance to open the study later in 2016.

ANZUP also continues to work with Movember on their GAP5 Translational Research Project, which is a translational project that aims to identifying the biological drivers of relapse in this cohort of men. It is hoped that the final research plan will give ANZUP and its Australian collaborators the opportunity to participate in this important research.

Current concepts in development:

• e-TC 2.0: a prospective study of an eHealth intervention for TC survivors led by Dr Ben Smith in collaboration with PoCoG, building on the successful e-TC study

• a study for stage 1 testicular cancer addressing promotion and patterns of surveillance and unmet needs, and including recommendations for a surveillance schedule, led by Drs Andrew Weickhardt and Fritha Hanning

• a surgical study for stage II seminoma, led by Drs Shomik Sengupta and Manish Patel

Call for new members

The Germ Cell Subcommittee always welcome new members including trainees who will contribute to research activity. Please encourage your interested colleagues and trainees to join the subcommittee. We are a multi-disciplinary group, and we encourage participation of members not only from medical oncology, but also from surgery, radiation oncology, nursing, psycho-oncology, and basic science. Again I thank the efforts of investigators, staff from ANZUP and the CTC, and patients for these achievements. I also thank Dr Howard Chan for all his work with the ANZUP Germ Cell portfolio.

PETER GRIMISON
Chair, Germ Cell Subcommittee
The prostate subcommittee continues to generate copious activity.

Firstly a big THANK YOU to all the investigators and site staff for your ongoing effort and contributions to the ENZAMET and ENZARAD trials. Both trials are still open and are performing extremely well with 542 and 188 patients recruited respectively globally. We expect ENZAMET to meet its recruitment target in mid-2017 and ENZARAD in mid-2018.

The highest recruiters in the last quarter for ENZAMET being from Royal Cornwall Hospital (UK), Australian Urology Associates, Peter MacCallum Cancer Centre – East Melbourne and Cross Cancer Institute (Canada). For ENZARAD, Dana Farber Cancer Institute (USA), congratulations and well done to you all! We anticipate recruitment to continue to increase in the New Year with additional sites coming on board in Ireland and the United Kingdom for both trials and in Canada for ENZAMET. Please promote both trials at your MDT meetings, consider rescreening screen failures and perhaps have the eligibility criteria on hand when discussing or seeing patients.

Last month, ANZUP announced our new agreement with the PCFA. Together we will work together raise $1.5 million to fund clinical trials. It’s an exciting step to partner with Australia’s peak prostate cancer charity. This really will open up a range of exciting opportunities for our clinical research. Our thanks to the members and staff who helped make this great partnership happen and to the great people at PCFA who have been so supportive of the work we do.

As a consequence of this funding we have put out a call for prostate concepts for the Concept Development Workshop (CDW) on 4 May 2016. The CDW is designed to facilitate and support those members who have an idea/concept they would like to put forward for discussion and, if supported, to further develop into a future grant application. If you have an idea I would encourage you to submit.

The Pain-Free TRUS-B study has now been activated at Fiona Stanley Hospital and Concord Repatriation General Hospital and we anticipate more sites coming on board shortly. This is a double blind placebo controlled randomised trial of inhaled Penthrox in addition to local anaesthetic for transrectal prostate biopsy. It has funding through the Priority-driven Collaborative Cancer Research Scheme (PdCCRS) (Cancer Australia and Prostate Cancer Foundation of Australia).

We have recently circulated a Save the Date for our second GU Preceptorship in prostate cancer to be held at the Intercontinental Double Bay in August. The feedback from the ~40 participants was overwhelmingly positive, with pretty much everyone asking when we are planning our next one! So I would suggest you get in early and register once the call for applications goes out over the next week or two.

Our membership continues to grow with a diverse range of skills represented. I remind everyone to encourage any colleagues with a prostate cancer interest to join and contribute.

Lastly and most importantly don’t forget to register for the ASM in Brisbane 10-12 July. The 3 day program is shaping up to provide an outstanding and exciting avenue to “expand our horizons” with a world-class international and national faculty. As is our tradition there will be the most up to date state-of-the-art presentations highlighting developments in less common cancers, as well as updates on ANZUP trials, opportunities to develop new trial concepts, and of course, original clinical and translational research.

**Invitation to ENZAMET & ENZAAD IM 11 July**

You and your site’s lead trial coordinator are invited to attend an ENZAMET and ENZARAD Investigators Meeting on Monday 11 July at the ASM. An agenda in development and will be sent closer to the date. This is also an opportunity for you to discuss the trial/s and exchange ideas and perspectives with your colleagues from ANZ as well as our international collaborators who will be dialling-in to the meeting.

**SCOTT WILLIAMS**  
Chair, Prostate Cancer Subcommittee
Preceptorship in Prostate Cancer

2016 ANZUP GU Preceptorship in Prostate Cancer

Calling for applications!

The Preceptorship will cover landmark clinical trials in prostate cancer. Successful applicants will be supported to attend this exciting new initiative.

26-27 August 2016, Intercontinental Double Bay, Sydney

Who should attend?

Trainees and junior specialists (first 5 years of practice) in urology, radiation oncology, medical oncology and imaging.

Course Convenors A/Prof Eva Segelov and A/Prof Jeremy Shapiro deliver an exciting program covering:

- Screening, multimodality management of early, locally advanced and metastatic disease and supportive care
- Presentations covering 40 trials
- Expert commentary from the Preceptors putting each trial result into perspective
- 5-6 member groups in discussing current best practice


Feedback from the 2015 ANZUP GU Preceptorship

The Preceptorship was held on November 2015. We are extremely please with the feedback received from the event. Here are some highlights.

"Excellent organisation and venue"

83% Above and beyond

100% Very keen

"Very positive, non-confrontational environment - Eva is superb at keeping the event friendly and encouraging."

How different was it from other forms of meetings you’ve attended?

83% Majorly different

Did the Preceptorship meet your expectations?

Would you attend a Preceptorship in a further tumour type?

83% Above and beyond

100% Very keen
The Renal Cell Carcinoma subcommittee met by teleconference on 12 February 2016. The main items for discussion were the outcomes of the ANZUP radiation practice survey, now being developed as a manuscript planned for publication. The 2014 and 2015 RCC concept development workshops gave rise to several interesting proposals. A study in non-clear-cell RCC is now well under development and will fill a major gap in the trials and clinical portfolios. A novel proposal for combination therapy in clear cell RCC is also under development. The subcommittee also agreed to support the TROG FASTRACK-2 study of stereotactic radiotherapy for co-badging by ANZUP after endorsement by the SAC. Finally, the next major adjuvant renal cell carcinoma study led by MRC UK, RAMPART, is well advanced and will be able to be discussed publicly once commercial-in-confidence documents have been signed. ANZUP contributed very strongly to the previous MRC adjuvant trial (SORCE) and we expect we will be able to do so for RAMPART also. We look forward to the 2016 concept development workshop but recognise that creativity is inspired at any time; ANZUP has the ability to respond quickly and effectively when that happens.

Congratulations to Craig Gedye, recently elected as Chair of the RCC subcommittee and endorsed by the Board, and David Pook who will continue in his deputy chair role. We encourage any interested ANZUP member to attend and contribute to the activities of the subcommittee.

IAN DAVIS
Outgoing Chair, RCC Subcommittee

The NHMRC-funded Living Well with Prostate Cancer Project completed follow-up assessments at the beginning of this year. This project is trialling the effectiveness of a mindfulness-based cognitive therapy (MBCT) group intervention over the telephone for men with advanced prostate cancer. We are currently analysing the follow-up data and look forward to submitting a manuscript detailing the results of the trial soon. A manuscript reporting baseline assessments has been submitted to a peer-reviewed journal and is currently under review. If you would like any more information about the project, please contact the Project Manager, Dr Melissa Legg, on (07) 3634 5191 or email melissalegg@cancerqld.org.au.

Sexual Wellbeing and Quality of Life after Prostate Cancer for Gay and Bisexual Men and their Partners

The Prostate Cancer in Gay and Bisexual Men and their Partners Study uses mixed methods to gain knowledge and understanding of how prostate cancer affects sexual wellbeing and quality of life in gay and bisexual men and their male partners. The study successfully recruited 124 gay and bisexual (GB) men and 21 male partners to complete the study survey, and 46 GB men and 7 male partners participated in an interview. Additionally, 225 surveys and 19 interviews were completed by heterosexual men to allow for greater insight into the specific needs and experiences of gay, bisexual, and heterosexual men to inform more targeted health care provision and ongoing support post cancer.

Two journal articles have now been published. The first of these, based on survey findings, examined health-related quality of life (HRQOL) and psychosocial predictors in GB and heterosexual men1. GB men were significantly younger than heterosexual men, less likely to be in an ongoing relationship, and more likely to have casual sexual partners. When compared with age-matched population norms, participants in both groups reported significantly lower sexual functioning and HRQOL, increased psychological distress, disruptions...
to sexual communication with partners, lower masculine self-esteem, sexual confidence, and sexual intimacy. In comparison with heterosexual men, GB men reported significantly lower HRQOL, masculine self-esteem, and satisfaction with treatment; higher psychological distress, cancer-related distress and ejaculatory concern; and higher sexual functioning and sexual confidence. In regression analysis, psychological distress, cancer-related distress, masculine self-esteem, and satisfaction with treatment were predictors of HRQOL for GB men; psychological distress and sexual confidence were predictors for heterosexual men.

The second published paper investigated GB men’s experience of sexual wellbeing support and communication from health professionals, focusing largely on interview and open-ended survey data2. Multiple deficits in communication and support were reported: information regarding medical support dominated men’s psychosexual survivorship concerns; health professionals often assumed GB men were heterosexual; disclosure of sexual orientation was problematic for GB men; and GB men perceived lack of interest or knowledge, or even rejection, from the majority of health professionals about the impact of GB sexuality on men’s experience of prostate cancer. However, many men reported that communication was facilitated when health professionals acknowledged sexual orientation and explored the impact of prostate cancer on sexual wellbeing. In order to improve support for GB men in prostate cancer care settings, it is recommended clinicians address issues of heterocentrism by facilitating disclosure of sexual orientation and sexual practices, recognising and acknowledging that GB patients with prostate cancer are likely to have specific sexual and relational needs, and increasing knowledge and comfort with regards to discussing gay sexuality and gay sexual practices.

A third journal article has been accepted for publication. This article examined the meaning and consequences of erectile dysfunction (ED) and other sexual changes in GB men and their partners3. ED was reported by 72% of survey respondents. Other sexual concerns included loss of libido, climacturia, loss of sensitivity or pain during anal sex, non-ejaculatory orgasms, and reduced penis size. Participants reported that many of these changes held particular significance in the context of gay sex and gay identities, resulting in emotional distress and feelings of exclusion from a sexual community central to GB men’s lives. However, a number of men were reconciled to sexual changes and engaged in sexual renegotiation. Experiences of distress, challenges to identity, and sexual renegotiation, were influenced by the nature of GB relationships, wherein many men were single, engaged in casual sex, or had concurrent sexual partners.

Taken together, the results of this study highlight a need for more targeted information and support for GB men after prostate cancer. Clinicians need to acknowledge that the experiences of prostate cancer in GB patients may differ from heterosexual patients with regards to HRQOL across a range of domains and the meanings and consequences of sexual changes. Improved communication is recommended in prostate cancer setting in order for clinicians to facilitate the provision of more tailored support to GB patients. The Prostate Cancer Foundation of Australia and Western Sydney University would like to thank all ANZUP members involved in referring participants to this study.


SUZANNE CHAMBERS
Chair, Quality of Life and Supportive Care Subcommittee
Biospecimens (tissue and blood) for translational studies are being collected from patients from several trials in the ANZUP portfolio: P3BEP (germ-cell tumours), BL.12 (urothelial cancer) for future translational research projects.

Collection of biospecimens from the prostate cancer trials ENZAMET and ENZARD also continues. Initial shipments of samples in batches from sites to the new biorepository facility at Lifehouse commenced this year. At the international ENZAMET and ENZARD Translational Research Steering Committee teleconference October research opportunities for ENZA trials biospecimens to join translational studies of several large international prostate clinical trials - E3805 and RTOG 92.02 were considered. This would be a valuable research collaboration in the areas genomics and androgen / metabolic / bone turnover biomarkers.

Updates of these ongoing trials and translational research activity will be presented in posters at ASCO 2016 later this year.

SONIA YIP
Senior Translational Research Fellow and Manager; NHMRC CTC.

On behalf of PAUL DE SOUZA
Chair, Correlative and Translational Research Committee

The year has started on a very positive note as we welcomed three new members to the CAP at our first meeting for 2016 in February being: Jason Gray (testicular cancer); Les Land (kidney cancer) and Alastair Mc Kendrick (Kidney). We could not have done this without the help of the ANZUP members who responded to our requests for assistance in identifying potential new CAP members among their patient groups. We extend a big thank you for your support with this. Over the coming months these new members will have the opportunity to join their respective disease sub-committees and know that you will welcome them and the contribution that they will be able to make towards the development of clinical trial research from a consumer perspective. You can review the CAPs bio here https://www.anzup.org.au/content.aspx?page=consumeradvisorypane

As part of reviewing the CAP membership we also advise that we said farewell to David Swallow (prostate) and Max Shub (prostate) who recently retired from the CAP as we endeavour to bring a balance across all of the cancers that ANZUP represent. Both David and Max bought considerable consumer advocacy experience to the CAP from 2012 and thank them both for their invaluable and support during their time with us.

We commenced planning for the CAP Education session immediately prior to the ASM on Sunday 10th July. This morning session is followed by the Community Engagement Forum from 1pm. This is a fantastic opportunity for your patients and their families to learn more about ANZUP, hear about the latest research and gain greater insight into the benefits of considering a clinical trial from highly regarded national clinicians and researchers. It would be greatly appreciated, particularly for Brisbane/Qld members, if you would promote this free forum to your relevant patient groups.

With the CAP now well placed for 2016 we look forward to being able to provide relevant and timely input into your research activities. It’s been exciting to see the rollout of the Below the Belt Research as a consequence of the Pedalthon. It really makes a difference as to what can be done from a research perspective. So I encourage you all to “get on a bike” this September for the Below the Belt Pedalthon and support this great day.

We look forward to having the opportunity to “meeting” with you all again at the ASM in July – hope to see you all there.

BELINDA JAGO
Chair, CAP
Can you help us find the next great patient story?

Have you read our consumer magazine “A little below the belt”? The Magazine is produced twice a year; and provides consumers, cancer centres, families of patients, corporate supporters and philanthropists with a lay understanding of what ANZUP does, trials that are open and recruiting, definitions of cancer and treatment terms, stories from our patients currently on trials and our fundraising activities.

The last issue had a focus on our regional and remote patients. We were delighted to be asked to send replacement copies to a number of cancer centres. Patients respond well to the educative nature of the magazine and also, in particular, the interviews conducted with our trial patients.

Do you have a patient on a trial with an interesting story or passionate belief in the benefit of being on a clinical trial?

We know patients take the magazine home and digest over a few weeks. Please consider having the magazine available in your rooms or consider referring your patient to the ANZUP website to read the magazine online.

Can you help us find the next great patient story?

Below the Belt Research Fund

In 2015, over 300 riders took part in the Below the Belt Pedalthon. Together riding around Eastern Creek in Sydney they raised over $150,000. All these funds went into the newly created Below the Belt Research Fund. The fund was established to help move new ideas into the next evolutionary step and to help improve the prospect of full funding support and completion.

The first round of funding was opened up in November 2015 with up to four successful projects to be selected from the applicants. The call out to ANZUP members saw 18 high quality applications submitted which were then reviewed by the ANZUP Scientific Advisory Committee and included consumer representation.

We thank all the applicants for the exceptionally high standard of ideas presented. In particular, congratulations to the three successful projects in the first year of the fund, which were:

- **e-TC 2.0:** Further development of an online psychological intervention for testicular cancer survivors. (Allan ‘Ben’ Smith)

- **Defining primary resistance to chemohormonal treatment with docetaxel in men with metastatic hormone-sensitive prostate cancer: a preliminary biomarker cohort study.** (Carmel Pezaro)

- **Circulating immune cell changes in patients treated with pembrolizumab and chemoradiation for bladder cancer.** (Andrew Weickhardt)

**FIRST 3 BTB FUNDED PROJECTS!**
Travel Fellowship Report

“It allowed me the flexibility to more easily travel from the central coast and take time off work. It certainly improved the accessibility of the conference for me.” - Ross Calopedos

“It’s really important for an early career researcher like me to showcase my current work and develop new ideas and collaborations for future research.” - Ben Smith

“It has led to many other opportunities in my workplace, and it was an experience I thoroughly enjoyed.” - Natasha Roberts

“It found the concept very useful, especially the feedback that I received from the supervisors regarding my project.” - Manmeet Saluja

“Very helpful in both clarifying the feasibility of the project and networking with other investigators who are keen to be involved. An excellent opportunity for trainees to get that experience.” - Annie Wong

“The scholarship is highly valuable for NZ trainees as we do not have much opportunity to meet other trainees from other centers like our Australian counterpart do. It enabled me to attend the conference that financially would not otherwise be possible!” - Michael Lee

ASM 2016 Scholarships and Opportunities

ANZUP/Bayer Travel Fellowships
Supporting ANZUP’s multidisciplinary members who have an abstract or concept accepted for either oral or poster presentation. Applications close on Friday 6 May 2016.

ANZUP Trials Study Coordinator Scholarships
ANZUP is now offering ten Study Coordinators a full registration to attend the conference. Applications close on Friday 6 May 2016.

Best of the Best Awards
The awards are open to ANZUP members who have successfully submitted an abstract and have been selected to present an oral or poster presentation at the Annual Scientific Meeting.


For information on all these opportunities visit Fellowships, Scholarships and Awards. - http://www.anzup.org.au/content.aspx?page=asm-support
Goodbye and thank you

“Don’t cry because it’s over, smile because it happened.” _Dr. Seuss_

Liz Thorp

It’s with great sadness that we say goodbye to Liz Thorp. Liz is looking to move on to a new and challenging role while ensuring a work-life balance for her beautiful young family. Liz has achieved much since joining us at ANZUP two and a half years ago. Notably her work with Simon Clarke to create the Below the Belt Pedalathon has not only raised our profile significantly and established links with the Corporate sector but also raised much needed funds to allow us to establish the Below the Belt Research Fund. From all of us at ANZUP, thank you. We wish you every success in your future endeavours.

Yi Feng

As many of you would know Yi Feng has been supporting the ANZUP secretariat over the last 4 years. Yi’s dedication and corporate knowledge has been a great support to ANZUP and we all wish her well as she looks to forward her career and take on new studies.

Hello and welcome

New RCC Chair

As a subcommittee chair Craig will also be joining the Scientific Advisory Panel. Craig is a medical oncologist and cancer researcher working with Calvary Mater Newcastle, and a Research Fellow at the HMRI, University of Newcastle. We’re excited to help Craig step into the role and know he’ll bring an exciting new energy to the group. We thank Ian Davis for his outstanding work leading the subcommittee and know he will continue to have plenty on his plate in his other positions.

New Executive Assistant

Jade Lor-Chan steps into the executive assistant role in the ANZUP team. Having trained in psychology, performance and cultural studies she’s worked in a range of organisations which include design and media businesses, an international development NGO and an arts and cultural institution. We’re very excited to welcome Jade to the ANZUP team.

Anne Woollett

Many members will know Anne from her work as Project Manager at Peter MacCallum Cancer Centre over the last five or more years. We welcome Anne on board in the new position of Clinical Trials Project Manager. This newly created role will support ANZUP’s expanding clinical trials portfolio. ANZUP take a strong role in many trials. We’re very fortunate to have someone as experienced as Anne join us.

ANZUP AOPM - Development

We’re pleased to welcome Margo Gorzeman as ANZUP’s part time Associate Oncology Program Manager based at CTC. Margot will be assisting us with trial development. Margot has a Master’s degree in Health Sciences and has almost 10 years’ experience in clinical research working both in the academic environment and in various pharmaceutical companies in Europe.

New SAC member

James Kench joins the SAC as our new RCPA nominee. James is Director of the Department of Tissue Pathology and Diagnostic Oncology at Royal Prince Alfred Hospital in Sydney, a Clinical Professor of the University of Sydney, and the senior Visiting Pathologist at the Kinghorn Cancer Centre/Garvan Institute of Medical Research. We’re very excited to have him on board. At the same time it’s sad to see Paul Waring and Jarad Martin both stepping down. Both have been great contributors to the group helping to offer advice on research strategies and goals. We wish them both the best.
New CAP faces

The CAP plays a critical role in offering a consumer perspective and connects ANZUP to the greater community. We want to introduce Jason Gray, Alastair McKendrick and Les Land as the new faces on the committee. We welcome their enthusiasm and new ideas into the group. David Swallow and Max Shrub have stepped down from the CAP and we want to thank them greatly for all their hard work and contributions.

PCFA and ANZUP announce a joint prostate cancer fight

ANZUP and PCFA have signed a formal agreement to improve access to clinical trials and have pledged to work together to raise $1.5 million over the next three years to fund trials. Under the partnership PCFA will continue to be a Platinum Sponsor of the ANZUP Annual Scientific Meeting and PCFA's annual Prostate Cancer Specialist Nursing Service conference will be held in conjunction with the ASM.

Anthony Lowe, CEO PCFA

“Learning how to make better use of existing treatments and knowledge is equally important to new basic science research. That’s what clinical trials are all about”.

Marg McJannett, CEO ANZUP

“For Australia’s peak prostate cancer charity to team up with the leading independent provider of clinical trials in Australia and New Zealand opens up a range of opportunities in clinical research.”

Astellas Young Investigator of the Year Award

We’re delighted to announce the new Astellas Young Investigator of the Year Award. The award of up to $10,000 will recognise an outstanding early career researcher and support their attendance to an international GU meeting and ANZUP ASM. Astellas Medical Advisor Scott Brown said “This is a wonderful way for us to recognise an enthusiastic and engaged member of ANZUP and support them in their career.”

APPLY NOW

Quality of Life Office Update

The QOL Office is pleased to announce the release of our ‘Checklist of instructions for the administration of Patient Reported Outcome (PRO) Measures’. This checklist has been developed over several years, with input from experts, literature reviews and Cancer Clinical Trials Group (CCTGs). The Checklist aims to assist CCTGs in developing instructions for site coordinators working on CCT-led trials for administering PRO questionnaires in a standardised manner. Standardised PRO administration is key to achieving high quality PRO data and high compliance rates.

There are two parts to this checklist: 1) paper-based (hardcopy) PRO administration of questionnaires (27 checklist items); 2) electronic PRO administration (25 items). Both checklists include examples of how to address each checklist item in a study coordinator’s manual. These examples are illustrative only and CCTGs may adapt the text to suit specific trials, as well as specific trial documents, i.e. standardised operating procedures, study coordinator manuals, etc.

The Checklist (V1) is now available on the QOL Office website: http://www.pocog.org.au/content.aspx?page=qolresources

We would be very grateful if CCTGs and CCTG members could begin using the Checklist for newly activated studies and provide feedback or ideas for improvement to qol.office@sydney.edu.au.

Join Now!

ANZUP Membership benefits include:

- Access to a multidisciplinary network for Urogenital and Prostate cancer researchers, including clinicians, nurses, psychologists, scientists, allied health and consumer representatives
- Opportunity to contribute to the scientific and strategic development of ANZUP through its SAC and subcommittees
- Support for the development of investigator-initiated studies
- Mentoring and support of young investigators across all our research activities
- ANZUP newsletter UPdate and regular sector news updates
- Discounted registration at ANZUP’s annual scientific meeting
- Access to educational resources, workshops and seminars
- Access to grant opportunities
- Voting rights at ANZUP annual general meeting and other general meetings
- Other benefits that will be extended from time to time for members only

Please join the group and take advantage of the many opportunities for training and mentorship. Maybe you’ll be a future leader of genitourinary cancer research, and maybe you’ll make the current leaders less crusty.

There is no membership fee and membership does not need to be renewed annually. Find out more http://anzup.org.au/members.aspx
Tolmar Fellowship

TOLMAR Australia and ANZUP Cancer Trials Group are delighted to once again partner to support the 2016 Uro-Oncology Clinical Research Fellowship (CRF) valued at $60,000.

For more information visit the ANZUP website

Applications close Monday 30 May, 2016

Successful applicant announced at the ANZUP Annual Scientific Meeting, Hilton Brisbane, 10-12 July 2016

Email anzup@anzup.org.au

Expanding Concept Development Workshops

In 2015, ANZUP held 3 full day workshops covering renal, bladder and prostate tumour groups. This year we’re excited to announce sessions will be held across all four cancers. We look forward to seeing some great discussion here in Sydney for each workshop:

- Germ Cell Tuesday 3 May
- Prostate Wednesday 4 May
- Bladder Tuesday 16 August
- Renal Cell Wednesday 17 August

Excellent submissions have been received for the Germ Cell and Prostate workshops. We will be calling for submissions of concepts for the Bladder and Renal Cell workshops in coming months.
## Upcoming 2016 Events

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<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>3 MAY</td>
<td>ANZUP Germ Cell Concept Development Workshop, Sydney</td>
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<tr>
<td>4 MAY</td>
<td>ANZUP Prostate Concept Development Workshop, Sydney</td>
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<td>3-7 JUN</td>
<td>ASCO Annual Meeting, Chicago</td>
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<td>16 AUG</td>
<td>ANZUP Bladder Concept Development Workshop, Sydney</td>
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<tr>
<td>17 AUG</td>
<td>ANZUP Renal Cell Concept Development Workshop, Sydney</td>
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<td>31 AUG - 3 SEP</td>
<td>17th Asia-Pacific Prostate Cancer Conference, Melbourne</td>
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<td>26-27 AUG</td>
<td>ANZUP Preceptorship, Sydney</td>
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<td>20 SEP</td>
<td>ANZUP Below the Belt Pedalthon, Sydney</td>
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<td>14-17 NOV</td>
<td>COSA ASM</td>
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### OUR THANKS

Thank you to our 2016 Corporate Partners and Supporters

We are very grateful for the infrastructure support we receive from Cancer Australia however the funds are not sufficient to support ANZUP’s increasing research activities. In 2012 we established our Corporate Supporter program and are delighted that this program has continued to grow. Through this program we have made significant inroads to supporting and facilitating better engagement with our members. We thank our partners **Air New Zealand, Adshel, Active Display Group, The Saturday Paper** and **Mumbrella** and our fantastic corporate supporters:
2016 ANZUP ANNUAL SCIENTIFIC MEETING

GU Cancer: Expanding our horizon

VIEW THE PROGRAM

- MDT Masterclass
- Expanding our horizon: A nurses perspective

Featuring International Guest Speakers:

Dean F. Bajorin MD
Freddie Hamdy MD
John Oliffe PhD
Piet Ost MD, PhD

- Evening Symposium
- Concept Development Session
- Community Engagement Forum

#ANZUP16

EARLYBIRD ENDS 9 MAY. BOOK NOW!